MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10		/.					60							
11							61							
12							62							
13							63							
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27		/					77							
28		/					78							
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31		/					81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36		/					86							
37		/					87							
38		/					88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43		/					93							
44		/					94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/						TOTAL IND.							
TOTAL DEP.	22						TOTAL DEP.							
TOTAL CLAIMS	23						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS